ESTAPORT SECONDARY SCHOOL

11-21, ADEKUNLE OSOMO STREET, ESTAPORT ESTATE,
SOLUYI, GBAGADA, LAGOS. TEL: 01-555-0325-6

MOTTO: KNOWLEDGE, DISCIPLINE, INTEGRITY

AFFIX
ONE PASSPORT
PICTURE
HERE

Name_____

SURNAME FIRST

Date of birth_____

Age_____ Sex_____ Religion_____

Present mailing address_____

_____

Nationality_____ Local Government Area_____

Permanent residence address_____

_____

Name of father or guardian_____

Father's or guardian's occupation_____

Father's or guardian's address_____

_____

Father's or guardian's telephone number_____ Office:_____

Residence address: _____

Name of Primary School attended_____

Name of Secondary School attended_____

Class requested_____

Language spoken in the home_____

English language

Any other foreign language specify? _____

Nigerian language(s) Igbo Yoruba Hausa

Others specify_____

Physical Information

SPEECH DEVELOPMENT Average Slow Fast

SIGHT: Fatal blindness Partial blindness Clear Vision

Needs aid Specify_____

PLACE OF WORK:

Mother (Please state home if not at home during school hours)

_____

Father_____

Signature_____ Date_____

FOR OFFICE USE ONLY

Admitted_____ Not admitted_____